



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Brenda Larsen Becker, Treasurer
Bluepac Blue Cross and Blue Shield
Association the Political Action
Committee
1310 G Street NW, 12th Floor
Washington, DC 20005

MAR 19 1997

Identification Number: C00194746

Reference: Year End Report (11/25/96-12/31/96)

Dear Ms. Becker:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to

influence federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

A handwritten signature in cursive script that reads "Andrew J. Dodson". The signature is written in dark ink and is positioned above the printed name and title.

Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

TRANSFERS

11/28/96 through 12/31/96

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF

FOR LINE NUMBER 12

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CAREPAC, The Blue Cross and Blue Shield Political Action Committee

A. Full Name, Mailing Address and ZIP Code BCBS AnthemGoodGovPAC 120 Monument Circle Indianapolis, IN 46204-4803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BCBS System Occupation Attitude Aggregate Year-to-Date	Date (month, day, year) 12/27/96 Amount of Each Receipt this Period \$5,000.00	Amount of Each Receipt this Period \$5,000.00
B. Full Name, Mailing Address and ZIP Code BCBSConnecticut 370 Bassett Road North Haven, CT 06473 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BCBS System Occupation Health Insurance Aggregate Year-to-Date	Date (month, day, year) 12/31/96 Amount of Each Receipt this Period \$1,000.00	Amount of Each Receipt this Period \$1,000.00 <i>ADD</i>
C. Full Name, Mailing Address and ZIP Code BCBSHawaii 818 Keenemoku Street Honolulu, HI 96808 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BCBS System Occupation REFUNDED Aggregate Year-to-Date	Date (month, day, year) 12/20/96 Amount of Each Receipt this Period \$2,500.00	Amount of Each Receipt this Period \$2,500.00
D. Full Name, Mailing Address and ZIP Code BCBSIllinois 233 North Michigan Avenue Chicago, IL 60601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BCBS System Occupation Health Insurance Aggregate Year-to-Date	Date (month, day, year) 11/26/96 Amount of Each Receipt this Period \$508.00	Amount of Each Receipt this Period \$508.00
E. Full Name, Mailing Address and ZIP Code BCBSIllinois 233 North Michigan Avenue Chicago, IL 60601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BCBS System Occupation Health Insurance Aggregate Year-to-Date	Date (month, day, year) 12/27/96 Amount of Each Receipt this Period \$608.00	Amount of Each Receipt this Period \$608.00
F. Full Name, Mailing Address and ZIP Code BCBSKansas Post Office Box 1975 Topeka, KS 66601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BCBS System Occupation Health Insurance Aggregate Year-to-Date	Date (month, day, year) 11/28/96 Amount of Each Receipt this Period \$635.00	Amount of Each Receipt this Period \$635.00
SUBTOTAL of Receipts This Page (optional)			\$10,351.00
TOTAL This Period (last page this line number only)			

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